PTO/SB/81 (01-08)
Approved for use through 12/31/2008, OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it disclause a valid AMB particular in the control of the cont

Under the Paperwork Reduction Act of 1995, no persons are require

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

en to reshoun to a conscitotion or with	innauon uniess k displays a valid ONB control number.			
Application Number	09/689,585			
Filing Date	October 12, 2000			
First Named inventor	Ger VAN DEN ENGH Flow Cytometer Droplet Information System			
Title				
Art Unit	1743			
Examiner Name	Jan M. Ludlow			
Attorney Docket Number	2512.1710002			

I hereby revoke all previous power	ers of attorney di	iven in the at	ove-identified applic	ation		
I hereby appoint:	310 01 4112 7 3.	Woll in are a	OVO-Identifica app	auon.		
(Fee)						
$oxed{X}$ Practitioners associated with the C	ustomer Number:		64562			
OR	1	<u></u>	· · · · · · · · · · · · · · · · · · ·			
Practitioner(s) named below:						
Name	,		Registrat	on Number		
			 -			
		 	<u> </u>			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and						
Trademark Office connected therewith.	Cute the approxime	IGGIIIIIGU GDOTG	anu io iransaci aii pusiiic	ess in the United States Patent and		
Please recognize or change the correspon	ndence address for t	he ahove-identi	ied application to			
Please recognize or change the correspondence address for the above-identified application to: X						
The address associated with the above-mentioned Customer Number:						
 			64562			
The address associated with Customer Number:						
Firm or						
Individual Name						
Address				,		
City State	Zip					
Country	Zip					
Telephone Email				<u> </u>		
l am the:						
Applicant/Inventor.						
X Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SISNATURE of Applicant or Assignee of Record						
Signature Name				Date Feg. 25, 2009		
Telephone 206, 543, 3970						
Title and Company LICENSING OFFICER UNIVERSITY OF WASHINGTON						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
X *Total of One (1) forms are submitted.						

Trils collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.